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1C580 U.S. PTO

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. NPS003US

First Inventor or Application Identifier Kia Silverbrook

Title SYSTEM FOR DATA TRANSFER

Express Mail Label No. \_\_\_\_\_

### APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages 82]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 44]
4. Oath or Declaration [Total Pages 3]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**[NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).]**

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5.  Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b) Statement  Power of  
(when there is an assignee)  Attorney
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Statement (IDS)/PTO-1449  Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  \* Small Entity Statement(s)  Statement filed in prior application,  
(PTO/SB/09-12)  Status still proper and desired  
Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
14.  Other: .....
15.  Other: .....

16. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

### 17. CORRESPONDENCE ADDRESS

|   |                              |  |                |          |                    |
|---|------------------------------|--|----------------|----------|--------------------|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 24011                        | or <input type="checkbox"/> Correspondence address below<br><i>(Insert Customer No. or Attach bar code label here)</i> |                |          |                    |
| Name  | Kia Silverbrook              |  |                |          |                    |
|   | Silverbrook Research Pty Ltd |  |                |          |                    |
| Address   | 393 Darling Street           |  |                |          |                    |
| City  | Balmain                      | State  | NSW            | Zip Code | 2041               |
| Country   | AUSTRALIA                    | Telephone  | 61-2-9818-6633 |          | Fax 61-2-9818-6711 |

|                   |                        |                                   |              |
|-------------------|------------------------|-----------------------------------|--------------|
| Name (Print/Type) | Kia Silverbrook        | Registration No. (Attorney/Agent) |              |
| Signature         | <i>Kia Silverbrook</i> | Date                              | May 16, 2000 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL

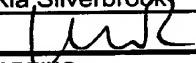
## for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement;  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 425)

## Complete If Known

|                      |                 |
|----------------------|-----------------|
| Application Number   |                 |
| Filing Date          |                 |
| First Named Inventor | Kia Silverbrook |
| Examiner Name        |                 |
| Group / Art Unit     |                 |
| Attorney Docket No.  | NPS003US        |

| METHOD OF PAYMENT (check one)  |   |                                   |              | FEE CALCULATION (continued)   |                      |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
|--|---|-----------------------------------|--------------|---|----------------------|--|--|----------------------------|----------------------------|-----|-----|-----------------|----------|-----|-----|-----|----|-------------------------------------|----------------------|-----|----|-----|----|---|----------------------|-----|-----|-----|-----|---------------------------|----------------------|-----|-------|-----|-------|--|----------------------|-----|------|-----|------|--|----------------------|-----|--------|-----|--------|---|----------------------|-----|-----|-----|----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|-----|-------|-----|-----|---|----------------------|-----|-------|-----|-----|--|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|--------------------------|----------------------|-----|-------|-----|-------|---|----------------------|-----|-----|-----|----|----------------------------------|----------------------|-----|-------|-----|-----|------------------------------------|----------------------|-----|-------|-----|-----|--------------------------------|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|-----------------|----------------------|-----|-----|-----|-----|-------------------------------|----------------------|-----|----|-----|----|---|----------------------|-----|-----|-----|-----|---|----------------------|-----|----|-----|----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|-----------------------|--|--|--|----------------------|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|----------------------------------|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <input type="text"/></p> <p>Deposit Account Name <input type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> |   |                                   |              | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee</th> <th>Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td><input type="text"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><input type="text"/></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td><input type="text"/></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td><input type="text"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td><input type="text"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td><input type="text"/></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td><td><input type="text"/></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td><td><input type="text"/></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td><td><input type="text"/></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within fifth month</td><td><input type="text"/></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td><input type="text"/></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td><input type="text"/></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="text"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td><input type="text"/></td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td>Petition to revive - unintentional</td><td><input type="text"/></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee (or reissue)</td><td><input type="text"/></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design issue fee</td><td><input type="text"/></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant issue fee</td><td><input type="text"/></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="text"/></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td><input type="text"/></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td><input type="text"/></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="text"/></td></tr> <tr><td>146</td><td>690</td><td>246</td><td>345</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="text"/></td></tr> <tr><td>149</td><td>690</td><td>249</td><td>345</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="text"/></td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$ 345)</td> <td colspan="4">SUBTOTAL (3) (\$ 80)</td> </tr> <tr> <td colspan="4">**or number previously paid, if greater; For Reissues, see below</td> <td colspan="4">Other fee (specify) _____</td> </tr> <tr> <td colspan="4"></td> <td colspan="4">Other fee (specify) _____</td> </tr> <tr> <td colspan="4"></td> <td colspan="4"></td> </tr> <tr> <td colspan="4">SUBTOTAL (2) (\$ 0)</td> <td colspan="4">Reduced by Basic Filing Fee Paid</td> </tr> </tbody> </table> |                      |  |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee | Fee | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | <input type="text"/> | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. | <input type="text"/> | 139 | 130 | 139 | 130 | Non-English specification | <input type="text"/> | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | <input type="text"/> | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | <input type="text"/> | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | <input type="text"/> | 115 | 110 | 215 | 55 | Extension for reply within first month | <input type="text"/> | 116 | 380 | 216 | 190 | Extension for reply within second month | <input type="text"/> | 117 | 870 | 217 | 435 | Extension for reply within third month | <input type="text"/> | 118 | 1,360 | 218 | 680 | Extension for reply within fourth month | <input type="text"/> | 128 | 1,850 | 228 | 925 | Extension for reply within fifth month | <input type="text"/> | 119 | 300 | 219 | 150 | Notice of Appeal | <input type="text"/> | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | <input type="text"/> | 121 | 260 | 221 | 130 | Request for oral hearing | <input type="text"/> | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | <input type="text"/> | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | <input type="text"/> | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional | <input type="text"/> | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | <input type="text"/> | 143 | 430 | 243 | 215 | Design issue fee | <input type="text"/> | 144 | 580 | 244 | 290 | Plant issue fee | <input type="text"/> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="text"/> | 123 | 50 | 123 | 50 | Petitions related to provisional applications | <input type="text"/> | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | <input type="text"/> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> | 146 | 690 | 246 | 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="text"/> | 149 | 690 | 249 | 345 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="text"/> | SUBTOTAL (1) (\$ 345) |  |  |  | SUBTOTAL (3) (\$ 80) |  |  |  | **or number previously paid, if greater; For Reissues, see below |  |  |  | Other fee (specify) _____ |  |  |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  |  |  |  |  |  |  | SUBTOTAL (2) (\$ 0) |  |  |  | Reduced by Basic Filing Fee Paid |  |  |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$)  | Fee                               | Fee          | Fee Description   | Fee Paid             |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 105  | 130   | 205                               | 65           | Surcharge - late filing fee or oath   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 127  | 50  | 227                               | 25           | Surcharge - late provisional filing fee or cover sheet.   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 139  | 130   | 139                               | 130          | Non-English specification   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 147  | 2,520   | 147                               | 2,520        | For filing a request for reexamination  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 112  | 920*  | 112                               | 920*         | Requesting publication of SIR prior to Examiner action  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 113  | 1,840*  | 113                               | 1,840*       | Requesting publication of SIR after Examiner action   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 115  | 110   | 215                               | 55           | Extension for reply within first month  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 116  | 380   | 216                               | 190          | Extension for reply within second month   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 117  | 870   | 217                               | 435          | Extension for reply within third month  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 118  | 1,360   | 218                               | 680          | Extension for reply within fourth month   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 128  | 1,850   | 228                               | 925          | Extension for reply within fifth month  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 119  | 300   | 219                               | 150          | Notice of Appeal  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 120  | 300   | 220                               | 150          | Filing a brief in support of an appeal  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 121  | 260   | 221                               | 130          | Request for oral hearing  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 138  | 1,510   | 138                               | 1,510        | Petition to institute a public use proceeding   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 140  | 110   | 240                               | 55           | Petition to revive - unavoidable  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 141  | 1,210   | 241                               | 605          | Petition to revive - unintentional  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 142  | 1,210   | 242                               | 605          | Utility issue fee (or reissue)  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 143  | 430   | 243                               | 215          | Design issue fee  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 144  | 580   | 244                               | 290          | Plant issue fee   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 122  | 130   | 122                               | 130          | Petitions to the Commissioner   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 123  | 50  | 123                               | 50           | Petitions related to provisional applications   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 126  | 240   | 126                               | 240          | Submission of Information Disclosure Stmt   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 581  | 40  | 581                               | 40           | Recording each patent assignment per property (times number of properties)  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 146  | 690   | 246                               | 345          | Filing a submission after final rejection (37 CFR § 1.129(a))   | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| 149  | 690   | 249                               | 345          | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="text"/> |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| SUBTOTAL (1) (\$ 345)  |   |                                   |              | SUBTOTAL (3) (\$ 80)  |                      |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| **or number previously paid, if greater; For Reissues, see below   |   |                                   |              | Other fee (specify) _____   |                      |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
|  |   |                                   |              | Other fee (specify) _____   |                      |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
|  |   |                                   |              |   |                      |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| SUBTOTAL (2) (\$ 0)  |   |                                   |              | Reduced by Basic Filing Fee Paid  |                      |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| SUBMITTED BY   |   |                                   |              | Complete (if applicable)  |                      |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| Name (Print/Type)  | Kia Silverbrook   | Registration No. (Attorney/Agent) | 24011        | Telephone   | 61-2-9818-6633       |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |
| Signature  |  | Date                              | May 16, 2000 |   |                      |  |  |                            |                            |     |     |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                       |  |  |  |                      |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                                  |  |  |  |

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